



National Snaffle Bit Association
 120 Mesa Street
 Weatherford, TX 76086
 (847) 623-6722
 www.nsba.com

NSBA Membership Application

Important: All memberships expire December 31. Memberships taken after October 1 will expire the following year. Please allow 30 days for processing. U.S. Funds only. One form per membership - duplicate if needed.

Check here if name or address changed (Please print clearly)

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Home Phone: _____ Day Phone: _____ E-Mail: _____

Membership type: _____ **NSBA ID # (if known)** _____

Please note: Owners' name(s) on membership must read exactly as it appears on horses' registration papers)

Business (i.e.: LLC or Corporation)

Joint (i.e.: husband/wife)

Individual (please select one)

Open Rider

Non-Rider

Youth/Junior Rider (Must hold a current youth card)

EWD Rider*

Non Pro/Amateur Rider (May hold a current breed amateur card)

*must submit EWD Special Diagnosis every two years

Breed Affiliation: AQHA APHA ApHC PHBA PtHA IBHA ABRA POA
 USEF USHJA _____ **Affiliate Card Number** _____

Membership level: _____ **Regular** (includes a magazine subscription) \$75
 (Check one) _____ **Additional** (each additional family member at same address-no magazine) \$40
 _____ **Youth** (no magazine) \$40
 _____ **3 year** (includes a magazine subscription) \$200
 _____ **Lifetime** (includes magazine for 1 year) \$1,500
 _____ **International** (non US address-no magazine) \$35
 _____ **Magazine Subscription (US residents)** \$45
 _____ **Magazine Subscription (Canadian residents)** \$75
 _____ **Magazine Subscription (All other international residents)** \$150
 _____ **Add \$10 Renew at Show** \$10
 _____ **Add \$45 Rush Charge** \$45
 _____ **Duplicate Membership** \$10
 _____ **I would like to make a donation to the NSBA Animal Welfare Fund** \$ _____
 _____ **I would like to make a donation to the NSBA Crisis Fund** \$ _____
 _____ **I would like to make a donation to the NSBA Youth Scholarship** \$ _____

Total amount enclosed and/or charged \$ _____

Fees above are the discount for cash and check paying customers

Payment method: Check/Money order enclosed MC/VISA/American Express/Discover

Credit Card #: _____ Exp Date: _____ 3-digit Card Security Code _____

Signature: _____